

## What is the Local Annuitant Health Program (LAHP)?

The Program was established by 1987 Wisconsin Act 107 to provide group health insurance for retirees from local public employers whose group health insurance with their former employer does not meet their needs or is not permanently available after retirement.

## Who is eligible for this health insurance?

Eligible persons are: any local government retiree who is receiving a monthly or lump sum Wisconsin Retirement System annuity based on service with a local government employer, that person's spouse and dependent children, and the surviving spouse/dependent child(ren) who is receiving an annuity as a beneficiary of a deceased participant.

## What insurance coverage is available?

The program offers two plans: the LAHP Classic Blue, a Medicare supplement for persons age 65 and over who are enrolled in Medicare Parts A and B, and the LAHP Copay Plan for persons under age 65. Both plans are insured by Blue Cross and Blue Shield United of Wisconsin.

### The 2004 monthly premiums are:

Age 65 or Over:

Classic Blue Medicare

Supplement	- single	\$ 141.80
	- family	\$ 281.70

Under Age 65:

LAHP Copay Plan	- single	\$ 721.50
	- family	\$1,441.10

Under Age 65 with Medicare\*:

Copay Plan	- single	\$ 502.80
	- family	\$1,003.70

Under Age 65 with One Medicare\*:

Copay Plan	- family	\$1,222.40
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One Age 65 or Over & One Under Age 65:

Single Classic Blue plus		
Single LAHP Copay	\$	861.40

\* Disability and/or Dependent Medicare

The **Classic Blue Medicare** supplement coverage provides payment for the coinsurance on certain Medicare-approved hospital and medical benefits. It includes payment of the Medicare Parts A and B Deductibles and an aggregate of 365 home health care visits per year, including those covered by Medicare. Prescription drugs are not covered.

The **LAHP Copay Plan** is a comprehensive Major Medical plan which provides hospital, medical, surgical, and prescription drug benefits for persons under age 65. Each individual is subject to a \$250 annual deductible and, in addition, pays 20% of the first \$4,000 of charges per year. The annual out-of-pocket limit is \$800 per person or \$2,400 per family.

## When should I apply for this insurance?

You and your dependents may enroll without providing evidence of insurability or incurring waiting periods for pre-existing conditions only if we receive both your insurance and annuity applications within 60 days after the date you terminate covered WRS employment. Both applications can be submitted up to 90 days before you terminate employment, but your insurance application cannot be accepted before we receive your annuity application.

An open enrollment opportunity also exists when you (or your spouse if you are currently insured) turn 65 or first enroll in Medicare Part B and are over 65. You may apply for coverage as early as three months prior to the month you enroll in Medicare Part B, and up to six months after the month in which you enroll in Medicare Part B.

Annuitants who do not apply within an open enrollment period and uninsured eligible beneficiary annuitants (spouse and dependent children of deceased eligible annuitants) may file an application at any time, but are required to demonstrate good health by providing evidence of insurability. A waiting period of 270 days may apply for pre-existing conditions (reduced to 90 days if no treatment is received for the condition during that time).

**THE DEADLINE FOR OPEN ENROLLMENT IS 60 DAYS AFTER YOU TERMINATE EMPLOYMENT. PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE TO ENSURE TIMELY RECEIPT OF MATERIALS.**

Please send Local

Annuitant Health  
Programs forms

ET-2156 and ET-2330.

**Please Print**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Retirement (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Note: If you have coverage through the Wisconsin Public Employers' Group Life Insurance Program and are at least age 66, you may be eligible to convert the present value of your life insurance to pay health insurance premiums. If you would like a brochure which explains *Converting Your Group Life Insurance to Pay Health Insurance Premiums* (ET-2325), check this box: ☐ Yes, send me this brochure (ET-2325).

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The survivor of a deceased active employee who takes the WRS death benefit as a monthly annuity may enroll without furnishing evidence of insurability by filing an application with this Department within 60 days of the date of the employee's death.

**When should I cancel my current insurance?**

**Do not** cancel your current insurance until you have been notified in writing of your acceptance into this program, and of the effective date of coverage.

**Is this the best insurance for me?**

To learn more about health insurance for seniors, write the Office of the Commissioner of Insurance, P.O. Box 7873, Madison, WI 53707-7873 or call the Medigap Helpline, toll-free 1-800-242-1060. Request *Wisconsin Guide to Health Insurance for People with Medicare* and the Commissioner's list of Medicare Supplement policies sold in Wisconsin.

To receive more information about the Local Annuitant Health Program and an application form, complete the tear-off section of this sheet, and return it to this Department.

If you have questions about the program, call us toll free at 1-877-533-5020 or 608-266-3285 (local Madison).

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services or employment. If you are speech, hearing or visually impaired and need assistance, call us toll free at 1-877-533-5020, 608-266-3285 (local Madison) or TTY (608) 267-0676. We will try to find another way to get the information to you in a usable form.

Place Stamp Here



# LOCAL ANNUITANT HEALTH PROGRAM

## IMPORTANT HEALTH INSURANCE INFORMATION

This insurance is available to retirees from local units of government through the State of Wisconsin Group Insurance Board and the Department of Employee Trust Funds. If you need health insurance now or in the future, you may benefit from this program.

Department of Employee Trust Funds  
P.O. Box 7931  
Madison, WI 53707-7931

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